

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002210

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 160Primary Registration District No. 3029Registrar's No. ✓

FILED JAN 8 1963

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JEFF.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CRYSTAL CITY		c. CITY OR TOWN CRYSTAL CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 223 COUNTY RD.		d. STREET ADDRESS (If outside, give location) 223 COUNTY ROAD	
3. NAME OF DECEASED (Type or print) Estelle Scott		4. DATE OF DEATH 1-3-63	
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-5-1903
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
11a. BIRTHPLACE (City and state or country) MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ARCH CLARK		13b. MOTHER'S MAIDEN NAME IDA KIMMONS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 17. INFORMANT MRS. JAMES THOMAS CRYSTAL CITY, MO.	
18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from CORONER'S VIEW and last saw her alive on 2:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) James R. Politt	
22b. ADDRESS FESTUS, MO.		22c. DATE SIGNED 1-3-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-8-63	
23c. NAME OF CEMETERY OR CREMATORY MT. ZION		23d. LOCATION (City, town, or county) (State) FESTUS, MO.	
24. FUNERAL DIRECTOR GENTRY R. POLITTE CRYSTAL CITY, MO.		25. DATE RECD. BY LOCAL REG 1-7-63	
26. REGISTRAR'S SIGNATURE		27. SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

JAN 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gentry R. Polittle

Licensed Embalmer No. 3481

P. O. Address Crystal City
Mo!

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.